**From:** Jason Cohen

**To:** DPH-Testimony, Reg (DPH)

**Subject:** OEMS –First Responder Training

**Date:** Wednesday, November 16, 2022 1:24:01 PM

**Attachments:** image001.png

Thank you for the opportunity to comment on the proposed changes to 105CMR170.

As this document is undergoing review/update, I respectfully ask the Department to review/clarify the following:

*170.305: Staffing*

(D) Critical Care Service Staffing

2(b) (b) One of whom is licensed in Massachusetts as a physician, or, at a minimum, is certified as a Paramedic and meets CAMTS or Department-approved substantially equivalent accreditation requirements for personnel credentials.

This wording is non-specific and unclear. Does this mean that the second provider can or cannot be (for example) a Nurse Practitioner, a Physician Assistant, a Registered Nurse? As long as that person meets the CAMTS or Department approved equivalent requirement?

A proposed revision is:

2(b) (b) One of whom is licensed in Massachusetts as a physician, a physician assistant, a nurse practitioner (within their scope of practice, a registered nurse, or a Paramedic and meets CAMTS or Department-approved substantially equivalent accreditation requirements for personnel credentials.

I would also like to voice strong agreement with the change to 170.350 (B)(1)(a-d) to require reporting while removing the subjective assessment towards patient injury.

I would like to also voice agreement with the change to 170.365: Transport of a Deceased Person. I would propose a qualifier, though, in the instance of patients being transported for potential organ donation. Following the declaration of Brain-death, patients are considered legally/ethically deceased. The current model of organ procurement from such legally deceased patients is evolving and in many areas of the country has evolved towards transporting such patients to designated

procurement sites following declaration of brain death, rather than procuring from outlying hospitals. These transports require ambulance transport with a high level of clinical care in order to maximize the positive recovery of organs for transplant. Our regional OPO is moving in this direction as well.

I proposed the following re-wording:

An ambulance shall not be used to transport a dead body except in special circumstances where it is in the interest of public health and/or safety to do so, or in the case of brain-death patients being transported for the purpose of organ donation. In the case of ambulance services engaged in the transport of brain-death donors, each service will develop policies in accordance with 105 CMR 170.000 and in accordance with accepted standards of medical practice. ~~Each ambulance~~ ~~service shall develop policies in accordance with 105 CMR 170.000 and in accordance with accepted~~ ~~standards of medical practice.~~

170.910: Initial Certification

(A)(1) – I advocate for a change in the minimum age to 16 years old. This will have the effect of increasing the eligible personnel for EMT position, especially during this time of severe shortage. Several states have 16 years old as the minimum age with no documented decrease in the level of care. This will have the secondary effect of increasing volunteer/community service for our high- school age students. High school students can be a significant contributor towards volunteer services – both increasing availability of service while inculcating students towards the hands-on benefit of community service and caring for neighbors.

(A)(2) – I respectfully disagree with the removal of the requirement to abstain from the abuse of drugs which impair professional judgement and/or practice. I do not see a benefit in the removal of this requirement, only risk towards the patients.

Thank you for your consideration. I will attempt to join the public-comment call as well but currently have a conflicting responsibility.

Very respectfully, Jason Cohen

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